MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09282

145 (a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Security Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Florence Elizabeth Baker

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or ~~wife~~ Samuel E. Baker

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Mar. 1 1897

8. AGE: Years 42 Months 6 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Westminster Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER

12. Name Charles Fisher

13. Birthplace Hagerstown Maryland

MOTHER

14. Maiden name no record

15. Birthplace no record

16. Informant Samuel E. Baker

Address Security, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Sept 22 39 (month) (day) (year)

Cemetery or crematory Shiloh Cemetery

Location Security Md.

18. Funeral director Andrew R. Coffman

Address Hagerstown Md.

19. 9-20- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

Dr. Norment

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30 1939, to Sept. 19 1939, and that I last saw h[illegible] alive on Sept. 18 1939.

Immediate cause of death Septicemia

DURATION 3 wks

Due to Acute pyelitis complicating premature birth on August 30, 1939 (pregnancy 7 months gestation)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

~~Of~~ autopsy Refused

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment MD M. D. or other

Address Hagerstown Md Date signed 9/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09283

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Washington Registration Dist. No. 306

Village or City Ringgold No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Jane Beck

(a) Residence: No. Ringgold Md St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Widow William Beck

6. DATE OF BIRTH (month, day, and year) May 28 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grafenburg Pa

FATHER

13. NAME William Carbaugh

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Keperling

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Edgar Beck (Address) Ringgold

18. BURIAL, CREMATION, OR REMOVAL Place Green Hill Date 9/14, 1939

19. UNDERTAKER Walter Y Groom (Address) Waynesboro Pa

20. FILED Sept 13, 1939 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937, to September 11, 1939

I last saw her alive on September 10, 1939; death is said to have occurred on the date stated above, at 12.30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance are as follows:

	Date of onset
Myocardial Degeneration	1938
Other Contributory Causes of importance:	
Senility	
Hypertensive Arterial disease	1936

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert A. Baylor Jr M. D.

(Address) Waynesboro Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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OCT 3 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09284

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-E)

County Washington Registration Dist. No. 306

Village or City Highfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cynthia Ella Benchoff If U. S. Veteran, specify WAR

(a) Residence: No. Highfield Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J Benchoff

6. DATE OF BIRTH (month, day, end year) Feb 20 1874

7. AGE	Yeers	Months	Oeys	If LESS than 1 day, hrs. or min.
	65	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased last worked at this occupation (month end yeer)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Highfield Md (State or country)

FATHER

13. NAME C M Brown

14. BIRTHPLACE (city or town) Highfield Md (State or country)

MOTHER

15. MAIDEN NAME Eva Wantz

16. BIRTHPLACE (city or town) Highfield Md (State or country)

17. INFORMANT Mrs Earl Bohn (Address) Highfield Md

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Date 9/15, 1939

19. UNDERTAKER Walter G Grove (Address) Waynesboro Pa

20. FILED Sept 13 1939 Geo W Ferguson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 10, 1930 to Sept 12, 1939

I last saw h[illegible] alive on 6-10-, 1939, death is said to have occurred on the date stated above, at 3 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cirrosis	
Myocarditis	
Other Contributory Causes of importence:	

Neme of operetion Objective & Subjective symptoms Dete of

Whet test confirmed diegnosis? Was there en eulopsy?

23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Bridgers M. D.

(Address) Blue Ridge Summit, Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09285

CERTIFICATE OF DEATH

Reg. Dist. No. 311

1. PLACE OF DEATH:

County Washington County

City or town Williamsport R. F. D #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Same

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 67 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport RFD #1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Williamsport R. F. D #1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Bopp

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Bopp

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 9 1844

8. AGE: Years	Months	Days	If less than one day
95	5	22	____ hrs. ____ min.

9. Birthplace Near Williamsport Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Andrew Bopp

13. Birthplace Germany

MOTHER 14. Maiden name Nancy Fiery

15. Birthplace Funkstown Md.

16. Informant Miss Sallie Bopp

Address Williamsport Md. RFD #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4 1939 (month) (day) (year)

Cemetery or crematory Riverview Cem

Location Williamsport, Md

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. Sept. 4 1939 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Sept 1 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death Paraplegia preceded by arteriosclerosis

Due to Primary cause: Cerebral hemorrhage, produced by the arteriosclerosis. G.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. E. T. Lesher M. D. or other

Address Williamsport Md Date signed Sept 24 1939

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SEP 6 1936
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09286

92a

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington.
City or town Leitersburg-
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town near Leitersburg- Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street Near Jacobs Church.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thelma Katherine Brown.

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feby 26 - 1926
8. AGE: Years 13 Months 7 Days 1 If less than one day hrs. min.
9. Birthplace Smithsburg Wash. Co. Md. (Town, county, and state)
10. Usual occupation In School
11. Industry or business
FATHER 12. Name Orville Brown.
13. Birthplace Foxville Md.
MOTHER 14. Maiden name Hazel Wolfe
15. Birthplace Foxville Md.
16. Informant Orville Brown.
Address Hagerstown Md R#4
17. Buny- (Burial, cremation, or removal. Which?) Date thereof Sept 30-1939 (month) (day) (year)
Cemetery or crematory Smithsburg County
Location Smithsburg. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. 9-29- 1939 Chas H. Bowers, (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27. 1939, at 11 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept - 13 - 1939, to Sept - 27 1939, and that I last saw her alive on Sept - 26 1939.

Immediate cause of death acute endocarditis

	DURATION
1) Due to chronic valvular heart disease-	10 yrs.
2) Due to chronic arthritis (infectious)	4-5 yrs.
3) acute rheumatic fever.	
Other conditions 4) diseased tonsils	10 yrs.
5) scarlet fever (when dried)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H. Dickinson. M. D. or other
Address Waynesboro Pa. Date signed 9/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Wishard

RECEIVED
OCT 6 1939
BUREAU V. S.

09287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(75)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~Suman Alley~~ 455 N Jonathan St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Suman Alley~~

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 455 N. Jonathan St

3. (a) FULL NAME John A Burns

3. (b) Social Security Number 207-07-5858

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown 1894

8. AGE: Years 55 ~~79~~ Months Days If less than one day hrs. min.

9. Birthplace Martinsburg W. Va (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business unemployed

FATHER 12. Name Robert Lee Burns

13. Birthplace W. Va.

MOTHER 14. Maiden name Annie Banks

15. Birthplace W Va

16. Informant Alexander Burns

Address 25 Harmon Alley

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 26 1939 (month) (day) (year)

Cemetery or crematory Bellevue Cemetery

Location Hagerstown Md

18. Funeral director John M Caldwell

Address 160 North Jonathan St Hagerstown Md

19. 9-26 1939 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death — DURATION

acute alcoholism 9-25-39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Work Co. M. D. or other

Address Hagerstown Md. Date signed 9/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09288

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Home
Stay in hospital or inst. (yrs., or mos., or days) 6 weeks
Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 723 Maryland Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine E Bush

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

8 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 1 1858

8. AGE:

Years	Months	Days	If less than one day
80	11	15	____ hrs. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Mrs. W. F. Bowers
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 19 1939 (month) (day) (year)
Cemetery or ~~cremetery~~ Rest Haven
Location Hagerstown Md

18. Funeral director Scott F. Minnick Hagerstown Md
Address

19. 9-18-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1939 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Sept 16 1939 and that I last saw h e alive on Sept 16 1939

	DURATION
Immediate cause of death Myocarditis (Chronic)	
Due to Chronic Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J W Bradley M.D.
M. D. or other
Address Hagerstown Md Date signed Sept 16 39

Bradley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175)

CERTIFICATE OF DEATH

09289

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagelstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Police Station

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 2 0 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Funkstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Aria Garbaugh

3. (b) Social Security Number: S.S.# 217-09-9847

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1900 - 2 - 15

8. AGE: Years	Months	Days	If less than one day
39	7	15	____ hrs. ____ min.

9. Birthplace: Mt Connellsburg Fultonbo, Pa.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: William Garbaugh
13. Birthplace: Mt Connellsburg Pa

MOTHER
14. Maiden name: Ida Bloom
15. Birthplace: Mt Connellsburg Pa.

16. Informant: Miss Carrie Garbaugh
Address: Funkstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 3 - 1939 (month) (day) (year)

Cemetery or crematory: Funkstown

Location: Funkstown Md.

18. Funeral director: H. F. Reecher.

Address: Funkstown, Md.

19. 10-2 (Date rec'd by registrar) 19 39 Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Oct.~~ Sept. 30 19 39 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Sept. 29 19 39

Immediate cause of death	DURATION
Fractured skull	
Due to with laceration of brain	9-29'39
Due to Trauma to head	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: yes, fractured skull. laceration of brain

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: Sept. 29'39
Where did injury occur? N. Foundry Hagerstown Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Street
Means of injury: Struck with fist Injured at work? No

23. SIGNATURE: J Robert Wells Deputy Med. Ex. Wash., Co
M. D. or other

Address: Hagerstown, Md. Date signed 10-3/39

RECEIVED
OCT 23 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-a)

09290

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 119 Broadway.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 84yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown. Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 119. Broadway.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Susan Catherine Crunkleton.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Robert.
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 1-1860

8. AGE:

Years	Months	Days	If less than one day
79	1	8	hrs. min.

9. Birthplace Greencastle Franklin Co. Pa. (Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Frederick Martin
13. Birthplace Greencastle Pa
MOTHER 14. Maiden name Ann Zentmayer.
15. Birthplace Greencastle Pa.
16. Informant Mrs Mary H. Stoddsleger.
Address Hagerstown. Md. R#3.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 12 1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md
18. Funeral director Andrew W. Coffman
Address Hagerstown, Md.
19. 9-12- (Date rec'd by registrar) 1939 Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9. 1939, at 7.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6. 1939 to Sept. 9. 1939 and that I last saw h w alive on September 9. 1939

Immediate cause of death	DURATION
Cerebral apoplexy	4 days
Due to	
Due to	
Other conditions Arteriosclerosis & Paralysis Agitans (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md. Date signed Sept. 11, 1939

WS A15

Dr. Bell.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (76)

CERTIFICATE OF DEATH

69291

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington (Big Pool, Md. R D)
City or town Rural- Indian Springs, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural- Indian Springs Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Big Pool, Md. R F D
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emmert N. Daley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife [illegible]
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5, 1897

8. AGE: Years	Months	Days	If less than one day
41	10	3	hrs. min.

9. Birthplace Near Mercersburg, Pa. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Ezra Daley
13. Birthplace Coseytown, Pa.

MOTHER
14. Maiden name Elizabeth C. Blair
15. Birthplace Near Mercersburg, Pa.

16. Informant Miss Leola D. Downin
Address Big Pool, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 11, 1939 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Near Clearspring, Md. Route 40

18. Funeral director Fred W. Kraiss,
Address Hagerstown, Md.

19. 9-11- 39 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1939, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 19 [illegible], to [illegible] 19 [illegible], and that I last saw him alive on [illegible] 19 [illegible].

Immediate cause of death	DURATION
Acute myocarditis	1934
Hypertension	1934
Due to Coronary sclerosis	1935
Due to Ruptured aortic aneurysm	9-8-39
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. Robert Wells, Deputy Med. Ex. Washington Co., M. D.
Address Hagerstown, Md. Date signed 9/9/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

09292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 234 N. Potomac Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 234 N. Potomac Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clayton E. Doub

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown- 1874

8. AGE: Years 65 | Months --- | Days --- | If less than one day ____ hrs. ____ min.

9. Birthplace Near Tilghmanton-Washington-Md.

(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER

12. Name John D. Doub

13. Birthplace Washington County, Md.

MOTHER

14. Maiden name Carrie ------

15. Birthplace Washington County, Md.

16. Informant Wallace Taylor

Address Williamsport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 6, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 9-5- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1939, at 11 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3 1939, to ____ 19__, and that I last saw him alive on ____ 19__

Immediate cause of death	DURATION
Coronary thrombosis	9-3-39
Due to Chr. myocarditis	1937
Due to arterio sclerosis	1934
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Wash. Co. M. D.

Address Hagerstown, Md. Date signed 9/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-9) ✓

09293

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Washington County Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) at Downsville 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Downsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Downsville Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Arnold Easterday

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margret Elizabeth Groff Easterday

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 2 1869

8. AGE: Years	Months	Days	If less than one day
70	5	26	hrs. min.

9. Birthplace Boonsbora Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER 12. Name John Easterday

13. Birthplace Boonsboro

MOTHER 14. Maiden name Margaret Lizer

15. Birthplace Md.

16. Informant John Easterday

Address Downsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 1, 1939 (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Near Tilgmanton Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md.

19. 9-30- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 1.4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Sept 28 1939, and that I last saw h[illegible]eive on Sept 27 1939.

	DURATION
Immediate cause of death Carcinoma of rectum, involving bladder urinary tract	1½ yr plus
Due to	
Due to	
Other conditions Uremia	3 wks plus

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. L Houghton, M. D. M. D. or other

Address 115 W. Washington St. Date signed Sept 30, 39
Hagerstown, Md.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95a)

CERTIFICATE OF DEATH

09294

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Leitersburg Pike.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County County
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Leitersburg Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Annie C. Eckstine.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joshua.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feby 13 - 1855

8. AGE:

Years	Months	Days	If less than one day
84	7	13.	____ hrs. ____ min.

9. Birthplace Mapleville Wash Co. Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name George Wallock
13. Birthplace Boonsboro Md

MOTHER
14. Maiden name Elizabeth Wells.
15. Birthplace New Prawtkina Pa.

16. Informant Howard S. Eckstine
Address Hagerstown. Md R#5.

17. Bury. (Burial, cremation, or removal. Which?) Date thereof Sept 28-1939 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown, Md.

19. 9-28-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/17 1939, to 9/28 1939, and that I last saw her alive on 9/24 1939.

Immediate cause of death	DURATION
Auricular Fibrillation	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. F. Lusby MD M. D. or other
Address 170 W Washington Date signed 9/26/39

Dr Lusby

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

09295

CERTIFICATE OF DEATH

Reg. Dist. No. 38-2

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 410 Summit Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 410 Summit Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence George Eckstine.

3. (b) Social Security Number 214-09-2316

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary V.

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 12 - 1882.

8. AGE: Years	Months	Days	If less than one day
57	5	23	hrs. min.

9. Birthplace Maple Ville Wash Co. Maryland (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Beaver, Long Co -

FATHER 12. Name Joshua Eckstine.

FATHER 13. Birthplace Mapleville Md.

MOTHER 14. Maiden name Annie Wallick.

MOTHER 15. Birthplace Mapleville Md.

18. Informant Allen M. Eckstine

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 7-1939. (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew F. Coffman

Address Hagerstown, Md

19. 9-6- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19. 1939 to Sept 5. 1939 and that I last saw h--- alive on Sept 1. 1939

Immediate cause of death	DURATION
Auricular fibrillation	1 hr
Due to arterio sclerotic heart	
Due to	
Other conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy arterio sclerotic heart.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment MD M. D. or other

Address Hagerstown Md Date signed Sept 5. 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Norment

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

09296

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
122 S. Foundry Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 61 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 122 S. Foundry Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilson B. Feigley

3. (b) Social Security Number 220-09-9474

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Cecelia N. Smith
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 14, 1878

8. AGE: Years	Months	Days	If less than one day
61	8	24	____ hrs. ____ min.

9. Birthplace Hagerstown-Washington-Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business W. P. A.

FATHER
12. Name Kenton Feigley
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Emma E. Armstrong
15. Birthplace Bunker Hill, W. Va.

16. Informant Ozola Feigley
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 9, 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 9-9- 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7, 1939, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Sept 7 1939, and that I last saw h[illegible] alive on Sept 7 1939

Immediate cause of death Carcinoma of Stomach — DURATION 6 mo

Due to [redacted]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Taken

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Brown M. D. or other
Address Hagerstown Md Date signed Sept 7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

09297

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

D. Yeager.

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 459 Summit Ave
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 459 Summit Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Newton Eddy Funkhouser.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Mollie.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1861

8. AGE:

Years	Months	Days	If less than one day
78	—	11.	hrs. min.

9. Birthplace Winchester Clarke Va.
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Retired.
FATHER 12. Name Joseph. Funkhouser
13. Birthplace Winchester Va.
MOTHER 14. Maiden name Mary Beeler.
15. Birthplace Hagerstown. Md.
16. Informant R. P. Funkhouser.
Address Gettysburg, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27-1939 (month) (day) (year)
Cemetery or crematory Mt Hebron Cemetery.
Location Winchester Va.
18. Funeral director Andrew K. Coffman
Address Hagerstown, Md.
19. 9-26 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1939, at 12 noon P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 17. 1934 to Sept. 25 1939, and that I last saw h in alive on Sept. 25 1939.

Immediate cause of death	DURATION
Chronic Int. Nephritis & Uremic Coma - Cerebral Collapse.	2 yrs. 3 weeks.
Due to Chronic Arthritis	8-6-28
Due to Prostatectomy	8-13-29
Other conditions Renal Calculi - Removed	1-28-36

(Include pregnancy within 3 months of death)

Major findings: Of operations 1926 Renal Calculi removed 1929 Prostate removed
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Horace Yeager M. D. or other
Address Hagerstown, Md. Date signed Sept 25, 39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09298

(34)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 31 W Franklin St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 31 W Franklin St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Guessford.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower.
B (b) Name of husband or wife: Sarah.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jany 10 - 1866
8. AGE: Years 73 Months 8 Days 6 If less than one day ____ hrs. ____ min.
9. Birthplace: Hagerstown, Wash-Co Md. (Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business: —
FATHER
12. Name: Martin V. B. Guessford
13. Birthplace: Williamsport Md.
MOTHER
14. Maiden name: Mary Eliz Wiley
15. Birthplace: Williamsport Md.
16. Informant: Carl W. Guessford.
Address: Hagerstown, Md.
17. Bury (Burial, cremation, or removal. Which?) Date thereof Sept 19-1939 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.
18. Funeral director: Andrew K Coffman
Address: Hagerstown, Md.
19. 9-18- 1939 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1939, at 5 30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 yrs - periodically 19__, to Sept 16 - 1939 -, and that I last saw him alive on Sept 8 - 1939 -.
Immediate cause of death: Cardiac Decompensation —
Due to: Lues — Cerebro Spinal +
Due to: Visceral —
Other conditions: Blindness - Same
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 2 yrs. ? ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

N. Kuhn

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OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

CERTIFICATE OF DEATH

09299

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Home.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Western Pike.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Laura E. Hoover.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Joseph

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1858

8. AGE: Years 80 | Months 11 | Days 14. | If less than one day hrs. min.

9. Birthplace Boonsboro. Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jonas Ettyre.

13. Birthplace Boonsboro. Md

MOTHER 14. Maiden name Sarah Wallick.

15. Birthplace Boonsboro. Md.

16. Informant Mrs Fansy V. Lohr.

Address Hagerstown. Md R# 2.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 28-1939. (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 9-27- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939. (M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1939 to Sept. 26 1939, and that I last saw her alive on Sept. 26 1939.

	DURATION
Immediate cause of death Chronic Myocarditis	
Due to General Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. N. Beachley M.D. M.D. or other

Address Hagerstown, Md. Date signed Sept 26/39

Dr. Beachley.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

093m

Reg. Dist. No. 502

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 234 West Side ave.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 234 West Side ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born (Horn)

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced S—
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 5-1939
8. AGE: Years — Months — Days — If less than one day hrs. min.
9. Birthplace — (Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name George Orange
13. Birthplace Hagerstown, Md.
MOTHER 14. Maiden name Marie Horn
15. Birthplace Hagerstown, Md
16. Informant Mr Marie Horn
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5-1939 (month) (day) (year)
Cemetery or crematory Bellevue
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.
19. 9-5- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5 1939, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/5 1939 to 9/5 1939, and that I last saw him on 9/5 1939.
Immediate cause of death Prematurity
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

DURATION —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F F Lusby M. D. or other
Address 17 Ownsby St. Date signed 9/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (3)

09305

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): Since birth.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Premature Female Howell

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 23 - 1939.

8. AGE: Years — Months — Days — If less than one day: Premature, hrs. min.

9. Birthplace: Hagerstown Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: John D. Howell.

13. Birthplace: W. Va.

MOTHER — 14. Maiden name: Nettie May Bowers.

15. Birthplace: Va.

16. Informant: Mrs. John D. Howell.

Address: Fairplay Md

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 26 1939 (month) (day) (year)

Cemetery or crematory: Keedysville

Location:

18. Funeral director: Edith V. Leat

Address: Williamsport

19. 9-24-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 23. 1939, at (2) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 23 1939, to Sept. 23 1939, and that I last saw h[illegible] on Sept. 23 1939.

	DURATION
Immediate cause of death: Premature Birth.	
Due to: Prolapse of Cord.	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Williamsport, Md. Date signed 9/24/39.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09302

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Home
Stay in hospital or inst. (yrs., or mos., or days) 2 years 11 Months
Stay in this community (yrs., or mos., or days) 2 " 11 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Annie Estella Jackson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Luther Jackson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 26 - 1858

8. AGE:

Years	Months	Days	If less than one day
81	7	4	____ hrs. ____ min.

9. Birthplace Near Boonsboro Washington Co. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Line
13. Birthplace Unknown

MOTHER
14. Maiden name Anna Rebecca Beachley
15. Birthplace Unknown

16. Informant Mrs. A. H. Ackerman
Address Washington D. C.

17. Burial Date thereof Oct 3, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mountain View
Location Spesutie Md

18. Funeral director Scott F. Minnick & Son
Address Hagerstown Md

19. 10-2 19 39 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1939, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939 to Sept 30 1939
and that I last saw h alive on Sept 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	14 d.
Due to	
Due to	
Other conditions General Arterio Sclerosis	7

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. L. Beachley M. D. or Other
Address Hagerstown Md. Date signed Sept. 30 39

Beachley

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

09303

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 43-6-2

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 23½ E. Franklin St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Francis C. Kershner

3. (b) Social Security Number 219-07-2532

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pearl Kershner

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 23-1894

8. AGE:

Years	Months	Days	If less than one day
43	6	2	____ hrs. ____ min.

9. Birthplace Hagerstown Wash. Md. (Town, county, and state)

10. Usual occupation Bar Keeper

11. Industry or business Baers Tavern

FATHER 12. Name Joseph Kershner

13. Birthplace Hagerstown Md.

MOTHER 14. Maiden name Helen Hoover

15. Birthplace Hagerstown Md.

16. Informant Mrs Pearl Kershner

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 28 1939 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md.

18. Funeral director Scott & Minnich & Son

Address Hagerstown Md

19. 9-27-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1939 at 10.00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 14 1939 to Sept 25 1939, and that I last saw him alive on Sept 25 1939

Immediate cause of death	DURATION
acute pericarditis	Don't Know
Due to coronary embolism	"
Due to fatty obesity	"
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy Autopsy performed showing Nature findings

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE W. R. Bender M.D. M. D. or other

Address Hagerstown Md. Date signed 9/26/39

Bender

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (91-a)

CERTIFICATE OF DEATH

09304

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 20 Snyder Avenue
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 20 Snyder Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Lee Kershner

3. (b) Social Security Number 214-09-2890

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Lottie E. Kershner
6(c) If alive, give age: 38 years
7. Birth date of deceased (mo., day, yr.): January 31, 1899
8. AGE: Years: 40 Months: 7 Days: 19 If less than one day: — hrs. — min.
9. Birthplace: Marlow, West Va. (Town, county, and state)
10. Usual occupation: Auto Mechanic
11. Industry or business: Renners Garage
FATHER 12. Name: David L. Kershner
13. Birthplace: Marlow, West Va.
MOTHER 14. Maiden name: Layra Trout
15. Birthplace: Buckeystown-Fred Co. Md
16. Informant: Mrs Lottie Kershner
Address: Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 11, 1939 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery
Location: Hagerstown, Maryland
18. Funeral director: Andrew K. Coffman
Address: Hagerstown, Maryland
19. 9-11- 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1939, at 4A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Sept 9 1939, and that I last saw h alive on Sept 8 1939

Immediate cause of death	DURATION
Cerebral Embolism	
Due to	
Due to	
Other conditions: Subacute bacterial Endocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. H. Butler M.D. M. D. or other
Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Cutler

RECEIVED
OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

093

1. PLACE OF DEATH

County Washington (82-a) Registration Dist. No. 302

Village or City Maugansville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Montgomery

(a) Residence: No. Old Peoples Home (Mennon). St., — Ward. Hancock, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Montgomery

6. DATE OF BIRTH (month, day, and year) Oct 22, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. retired.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co.

FATHER

13. NAME John C. Shipway

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Bailey

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT (Address) Lemuel C. Bishop. Hancock, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Mt. Olivet Date 9/24, 1939

19. UNDERTAKER (Address) T. P. Jenkins Hancock, Md.

20. FILED 9/22, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1939, to Sept. 21, 1939

I last saw her alive on Sept. 21, 1939; death is said to have occurred on the date stated above, at 6:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
Cerebral hemorrhage	9/15/39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Porterfield M. D.

(Address) 136 W Washington St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87a)

CERTIFICATE OF DEATH

09306

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 336 S. Potomac
Stay in hospital or inst. (yrs., or mos., or days) –
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 336 S. Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rena Mose

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife –
6(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Aug. 29-1876

8. AGE: Years 63 | Months – | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Shepherdstown Wash. Co. Md
(Town, county, and state)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Peter Mose
13. Birthplace Shepherdstown, Md.

MOTHER
14. Maiden name Katherine Zeller
15. Birthplace Shepherdstown, Md.

16. Informant George H. Mose
Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 15-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 9-14-1939 (Date rec'd by registrar) Chas. H. Boevers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13, 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30, 1939, to Sept. 13, 1939, and that I last saw h[illegible] or alive on Sept 12, 1939

Immediate cause of death Cerebral hemorrhage — DURATION 9 hours

Due to July 30, 1939 — cerebral hemorrhage — 2 mo. 13 da.

Due to Right hemiplegia — 2 yrs +

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) X (County) X (State) X

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or Other

Address Hagerstown, Md — Date signed Sept. 13, 1939

RECEIVED
OCT 6 1939
BUREAU V. S.

09307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94E)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: W. Franklin Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washigton

City or town Middleburg Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert C. Neff

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Florence Neff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1879

8. AGE: Years 60 Months --- Days --- If less than one day hrs. min.

9. Birthplace Franklin County, Penn. (Town, county, and state)

10. Usual occupation Furniture Dealer

11. Industry or business

FATHER

12. Name Michael Neff

13. Birthplace Franklin County, Pa.

MOTHER

14. Maiden name Eliza Botner

15. Birthplace Unknown - Kentucky

16. Informant Mrs. Pearl Mullenix

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17, 1939 (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Hagerstown, Md. R F D

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 9-16-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14, 1939, at 1.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14 1939, to — 19

and that I last saw him alive on — 19

Immediate cause of death: Coronary Thrombosis — DURATION 9-14-39

Due to: arteriosclerosis — 1937

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Wash. Co. M. D. or other

Address Hagerstown, Md. Date signed 9/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

09308

CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 122 West Bethel Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 53 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington (WITHIN CORPORATE LIMITS)

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 122 W. Bethel Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry David Potter

3. (b) Social Security Number 173-03-3506

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

B (b) Name of husband or wife Mary Ann Potter

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 7, 1886

8. AGE: Years	Months	Days	If less than one day
53	2	1	____ hrs. ____ min.

9. Birthplace Hagerstown-Washington-Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Otho J. Potter

13. Birthplace Washington Co., Md.

MOTHER 14. Maiden name Alma Coffman

15. Birthplace Hancock, Md.

16. Informant Mrs. Roy Poper,

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 11, 1939 (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro, Pa.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 9-11-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION A M.

20. DATE OF DEATH Sept. 8, 1939, at 10:45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 7, 1939, to September 8, 1939, and that I last saw him alive on September 8, 1939.

Immediate cause of death	DURATION
coronary embolism	10 hrs
Due to arteriosclerosis	Duration
Due to chronic alcoholism	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE W. P. Bender M.D. M. D. or other

Address Hagerstown Md. Date signed Sept 9-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(207-M)

09309

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Wash. Co. Hospital.

Stay in hospital or inst. (yrs., or mos., or days) dead when admitted.

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 908 Mulberry Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Keithler Reath.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth data of deceased (mo., day, yr.) Jany 1 1925

8. AGE: Years	Months	Days	If less than one day
14	8	4.	hrs. min.

9. Birthplace Oxford Chester Co Pa.

(Town, county, and state)

10. Usual occupation In School.

11. Industry or business

FATHER 12. Name Frank Reath.

13. Birthplace White Rock Pa.

MOTHER 14. Maiden name Florence Keithler

15. Birthplace Homeville Pa.

16. Informant Frank Reath.

Address Hagerstown. Md.

17. Burial. Date thereof Sept 8 1939.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 9-7-1939 Albert H Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 7.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw h[illegible] alive on Jan. 28 1939

Immediate cause of death

Fractured skull

Fractured ribs (left cost.)

Due to Fractured Clavicle (2)

Fractured radius (2)

Due to Fractured tibia & fibulae (2)

Other conditions

(Include pregnancy within 3 months of death)

DURATION 9-5-39

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-5-39

Where did injury occur? Hagerstown Washington Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. Md. R.R.

Means of injury Struck by Engine Injured at work? No

23. SIGNATURE D. Robert Mello, Ex Washington Co. Health Department, M. D.

Address Hagerstown, Md. Date signed 9/6/39

RECEIVED
SEP 8 1950
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (9)

Reg. Dist. No. 8 03 09310

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Pen-Mar (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Pen-Mar (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Gloria May Reed

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1939

8. AGE: Years | Months: 6 | Days: 2 | If less than one day: hr. min.

9. Birthplace Washington Co Pa. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Kenneth Reed

FATHER 13. Birthplace Washington Co.

MOTHER 14. Maiden Name Louise Mills

MOTHER 15. Birthplace Washington Co

16 (a) Informant Albert Mills

(b) Address Big Pool Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10 1939 (month) (day) (year)

(c) Cemetery or crematory Park Hill Cemetery

Location Near Hancock on Route 40

18 (a) Funeral director Snyder-Rowland

(b) Address Clearspring Md

19 (a) Sept 10-1939 (Date rec'd by registrar) (b) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 8 1939, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1939 to 9-7 1939

and that I last saw her alive on 9-7 1939.

Immediate cause of death	Duration
Malnutrition	2 weeks
Whooping Cough	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Herbert R. Robison M. D. or other

Address Hancock Md Date signed 9-9-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09311

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 739 W. Wash. St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 739 W. Wash. St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olive Isabelle Reel.

3. (b) Social Security Number 214-09-5382

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced.

6 (b) Name of husband or wife Ralph Stone
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1897.

8. AGE: Years	Months	Days	If less than one day
42	1	10	hrs. min.

9. Birthplace Hancock Washington Co. Md.
(Town, county, and state)
10. Usual occupation Fancy Stitcher.
11. Industry or business Hag Shoe & Legging Co.
FATHER 12. Name Benj. Reel.
13. Birthplace Hancock Md.
MOTHER 14. Maiden name Louise Eikleberger.
15. Birthplace Hancock Md.
16. Informant Miss Dorothy Eikleberger.
Address Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 4-1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.
18. Funeral director Andrew K. Cushman
Address Hagerstown. Md
19. 9-4- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2. 1939, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1939, to Sept 2 1939, and that I last saw h[illegible] alive on Sept 2 1939.

Immediate cause of death	DURATION
This death was not due to tuberculosis as far as I know. Pulmonary Hemorrhage	
Due to the action of the staphylococcus Streptococcus Bronchitis	
Due to	
Other conditions Streptococcus Sore Throat. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. W. Beachley M. D. or other
Address Hagerstown, Md. Date signed

D. Beachley

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

09312

CERTIFICATE OF DEATH

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Sandy Hook
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Sandy Hook Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Zachariah Taylor Reynolds

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie B. Reynolds
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): January 16, 1868

8. AGE: Years: 71 | Months: 8 | Days: 21 | If less than one day: hrs. min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Foreman - Construction Work

11. Industry or business: General Construction

FATHER
12. Name: George H. Reynolds
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Elizabeth Drenner
15. Birthplace: Washington County Md.

16. Informant: Mrs. Annie B. Reynolds
Address: Knoxville, Md. R.F.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof September 10, 1939 (month) (day) (year)
Cemetery or crematory: Samples Manor
Location: Samples Manor, Md.

18. Funeral director: F. L. Cackley
Address: Bolivar, West Va.

19 Sept 8th 1939 (Date rec'd by registrar) Cornelius H. Castle, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 7, 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7 1939, to Sept 7 1939, and that I last saw him alive on Sept 7 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William L. Waggoner, M. D. or other
Address: Brunswick, Md. Date signed: 9/8/39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09313

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 251 S. Locust Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Md. (WITHIN CORPORATE LIMITS) Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 251 S. Locust Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Catherine Rohrer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles Lester Rohrer

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): June 24, 1907

8. AGE: Years	Months	Days	If less than one day
32	2	24	hrs. min.

9. Birthplace: Hagerstown-Washington-Maryland (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER — 12. Name: Charles Sheppard

13. Birthplace: Hagerstown, Md.

MOTHER — 14. Maiden name: Sarah Muller

15. Birthplace: Hagerstown, Md.

18. Informant: Charles Lester Rohrer

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 20, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss,

Address: Hagerstown, Md.

19. 9-19- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17, 1939 1939 8:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 1939, to Sept. 17 1939, and that I last saw her alive on Sept. 17 1939.

Immediate cause of death: Coronary Embolism — DURATION: Don't know

Due to: Chronic myocarditis

Due to: Congestive heart failure

Other conditions: x

(Include pregnancy within 3 months of death)

Major findings:

Of operations: x

Of autopsy: x

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: x Date of: x

Where did injury occur? x (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): x

Means of injury: x Injured at work? x

23. SIGNATURE: W. R. Bender M.D. M. D. or other

Address: 34 W. Franklin St. Hagerstown, Md Date signed: 9/18/39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09314

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 114 North ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 59

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 114 North ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Schindel Roulette

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife William H. Roulette
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb. 7- 1880

8. AGE:

Years	Months	Days	If less than one day
59	6	29	hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name S. Milford Schindel
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Annie Brendle
15. Birthplace Greencastle, Pa.

16. Informant Miss Anna K. Roulette
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 8-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown Md

19. 9-8- 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1939 to Sept 6 1939 and that I last saw h alive on Sept 6 1939

	DURATION
Immediate cause of death Coronary occlusion	9/6/39
Due to Coronary Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other
Address Hagerstown Md Date signed 9/7/39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

09315

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 844 So Potomac St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 844 So Potomac St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman S. Semler.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced.

6 (b) Name of husband or wife Nora.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 25- 1858

8. AGE: Years 81. Months — Days 4. If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown. Washington Co Md.
(Town, county, and state)

10. Usual occupation Brick Mason.

11. Industry or business

FATHER 12. Name Lewis Semler.

13. Birthplace Germany.

MOTHER 14. Maiden name Sophia Rupp.

15. Birthplace Germany.

16. Informant L. E. Semler.

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 1- 1939. (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 10 - 1 - 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29. 1939. at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14. 1937 to Sept. 29. 1939, and that I last saw him alive on Sept. 26. 1939

Immediate cause of death Hypertensive cardio-vascular-renal disease

DURATION: 2 years

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. Other

Address Hagerstown Md. Date signed 9/30/39

VS A15

Dr. Bell.

RECEIVED
NOV 6 1939
BUREAU V. S.

09316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WASH.

City or town HANCOCK MD Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Catherine E. Shaw

3. (b) Social Security Number

4. Sex f.

5. Color or race w

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Gaylen B. Shaw

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1891

8. AGE: Years 47 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace FULTON CO PA. (Town, county, and state)

10. Usual occupation HOUSE WIFE.

11. Industry or business GENERAL.

FATHER 12. Name EDWARD SPIKER

13. Birthplace WEST. VA.

MOTHER 14. Maiden name NANCY WELLER.

15. Birthplace FULTON CO PA.

16. Informant GAYLEN B SHAW.

Address HANCOCK MD.

17. BURIAL. (Burial, cremation, or removal. Which?) Date thereof 9-27-39 (month) (day) (year)

Cemetery or crematory REHOBETH.

Location NEAR HANCOCK MD.

18. Funeral director T P JENKINS.

Address HANCOCK MD

19. 9-25- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1939, at 11:53 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1939, to Sept 24 1939, and that I last saw her alive on Sept 24 1939.

Immediate cause of death Tetanus.

Due to Puncture wound of right foot 7 days

Due to before onset of tetanus

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter Lagman M. D. or other

Address Hagerstown, Md Date signed 9/24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V S.

09375

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Washington Registration Dist. No.

Village or City Hagerstown Md No. Washington County Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Shepherd If U. S. Veteran, specify WAR

(a) Residence: No. 1 1/2 #1 Hagerstown Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Unknown	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9-28-39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Wm R. Shepherd

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Dorothy Jane Shoff

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Father (Address)

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~

Place Hospital Date 9/28/39, 19

19. UNDERTAKER Hospital (Address)

20. FILED, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9-28-39, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1939, to 9-28-, 1939

I last saw h ~~alive on~~ 9-28-, 1939; death is said to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born 3½ mo	

Other Contributory Causes of importance:

(Therapeutic abortion)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? m

If so, specify

(Signed) [signature] M. D.

(Address) Hagerstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147)

CERTIFICATE OF DEATH

09317

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown - Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cavetown Pike -

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Dorothy Jane Sheppard

3. (b) Social Security Number

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
Female	White.	Married.

6 (b) Name of husband or wife William.

6(c) If alive, give age 23. years

7. Birth date of deceased (mo., day, yr.) March 9- 1920

8. AGE: Years	Months	Days	If less than one day
19	6	21.	hrs. min.

9. Birthplace Hagerstown. Washington Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Clyde E. Stoussen.

13. Birthplace Chewsville. Md.

MOTHER 14. Maiden name Sally Betts.

15. Birthplace Hagerstown. Md.

16. Interment William Sheppard. Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct. 3. 1939 (month) (day) (year)

Cemetery or crematory Rose Hill. Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 10-2- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1939, at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1- 39 1939 to Sept 30- 39 1939

and that I last saw her alive on Sept 30- 39 1939

Immediate cause of death	DURATION
Eclampsia (Pregnancy)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Otto Jr. M. D.

Address Hagerstown Md Date signed 9/30/39

D. of D: Ho.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

09318

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 1 da.
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 136 Broadway.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Reginald Spielman.

3. (b) Social Security Number 214-09-1871

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie B.
6(c) If alive, give age 49. years
7. Birth date of deceased (mo., day, yr.): April 25 - 1886

8. AGE: Years 53 | Months 4 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Fairplay Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Broker.
11. Industry or business: Grain.
FATHER
12. Name: William W. Spielman.
13. Birthplace: Spielman Sta. Md.
MOTHER
14. Maiden name: Josephene Clayett.
15. Birthplace: Falling Waters Va.
16. Informant: Mrs Nellie B. Spielman.
Address: Hagerstown. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 20 1939. (month) (day) (year)
Cemetery or crematory: St. Marks Cemetery
Location: Lappans Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md.
19. 9-19- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 7 1939, to Sept. 18 1939, and that I last saw him alive on Sept. 18 1939.

Immediate cause of death: Endocarditis, myocarditis, pericarditis, } acute
Due to: Streptococcus viridans
Due to: septicaemia
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Endo myo + peri carditis.

DURATION: 40 yrs? 1 mo. 2 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE P F Prather M. D. ~~or other~~
Address Hagerstown Date signed Sept. 18, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Prather

RECEIVED
SEP 23 1939
BUREAU V. S.

09319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94P)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 716 Maryland Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74-4-22

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 716 Maryland Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William H. Stauffer

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lula Grace Stauffer

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 28-1865

8. AGE: Years 74 | Months 4 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace Rockaburry Washington Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business fence builder

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Mrs. Lula Grace Stauffer

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 23-1939 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md

19. 9-22-1939 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 8:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to 9-20- 1939, and that I last saw him alive on 9-18- 1939.

Immediate cause of death: Coronary Thrombosis — DURATION: 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W Ditto M. D. ~~or other~~

Address Hagerstown Md Date signed 9/21/39

De Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

09320

CERTIFICATE OF DEATH

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (71)

1. PLACE OF DEATH:
County WASHINGTON
City or town HANCOCK MD.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 87-9-23

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WASH
City or town HANCOCK MD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. HIGH.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME BARBARA ELLEN STIGERS.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife JOHN STIGERS. DIED JULY 5 1919
HANCOCK MD 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) NOV 17 1851

8. AGE:

Years	Months	Days	If less than one day
87	9	23	____ hrs. ____ min.

9. Birthplace WASH Co MD.
(Town, county, and state)
10. Usual occupation HOUSEWIFE.
11. Industry or business GENERAL.
FATHER 12. Name RANNEY W. HUNTER.
13. Birthplace HANCOCK MD.
MOTHER 14. Maiden name ELIZABETH ROWLAND
15. Birthplace NEAR FUNKSTOWN MD.
16. Informant MISS LUCY B. HUNTER
Address HANCOCK MD.
17. BURIAL. Date thereof SEP 13 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory ST THOMAS
Location HANCOCK MD.
18. Funeral director T. P. JENKINS.
Address HANCOCK MD
19. 9/10 1939 T P JENKINS.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1939, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 9-10 1939, and that I last saw h-- alive on 9-10 1939.

Immediate cause of death	DURATION
Senile Debility	
Chronic Nephritis	
Due to Arteriosclerosis,	
Cerebral Accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert R. Johns M.D.
M. D. or other
Address Hancock Md Date signed 9-10-39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (51-C)

CERTIFICATE OF DEATH

09321

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1Mo 22 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 44 Summitt Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John C. Stotler,

3. (b) Social Security Number

4. Sex 69 M
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lillian Stotler
6(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) June 11, 1870.

8. AGE: Years	Months	Days	If less than one day
69	2	29	hrs. min.

9. Birthplace Franklyn County, Penna.
(Town, county, and state)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Frederick Stotler
13. Birthplace Franklyn County, Penna.
MOTHER 14. Maiden name Elizabeth Fare
15. Birthplace Franklyn County , Penna.
16. Informant Mrs. Ada Williams
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 13 / 39 (month) (day) (year)
Cemetery or crematory Cashtown Cemetery
Location Franklin County, Penn.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Maryland
19. 9-12- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1939, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1939, to Sept. 10 1939, and that I last saw him alive on Sept. 10 1939.

Immediate cause of death	DURATION
Chronic myocarditis	1935
Carcinoma of prostate	1937
Due to Thrombosis left femoral artery	9-9-39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: Cystotomy-carcinoma of prostate
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Wells, M.D.
M. D. ~~or other~~
Address Hagerstown, Md. Date signed 9-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09322

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown No. St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Still born child Mr & Mrs Chas. Stouffer If U. S. Veteran, specify WAR

(a) Residence: No. Route #1 Hagerstown St., — Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 3. 39

7. AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md. Route #1

FATHER

13. NAME Chas. Stouffer.

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Goldie Barkdoll

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT (Address) Goldie Barkdoll Route 3 Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Premises Date ___, 19__

19. UNDERTAKER (Address)

20. FILED 9-7-39 Chas H Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 3, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1939, to Sept 3, 1939

I last saw h___ alive on ___, 19__; death is said to have occurred on the date stated above, at ___ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Still born

4 mo. postmen

Date of onset

Other **Contributory Causes** of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) B. Prather M. D.

(Address) Hagerstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09323

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 18 N. Cleveland

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 18 N. Cleveland

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eliza Jane Stouffer

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel Stouffer

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jan 24 1862

8. AGE: Years 77 Months 7 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace near Cavetown Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER 12. Name Joshua Houck

13. Birthplace Westminster Md

MOTHER 14. Maiden name Susan Waltz

15. Birthplace Cavetown Md.

16. Informant Samuel Stouffer

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 12 1938 (month) (day) (year)

Cemetery or crematory Smithsburg Md

Location Smithsburg Md

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md.

19. 9-11- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Sept 9 1939, and that I last saw him alive on Sept 7 1939.

Immediate cause of death Chr. Myocarditis — DURATION 1930

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. W. Ditto M. D. or other

Address Hagerstown Md Date signed 9/11/39

Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Halfway Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2012 Virginia Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Halfway Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2102 Virginia Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elva May Summers

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife D. Elmer Summers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1880 - 10 - 24

8. AGE: Years 58 | Months 10 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Williamsport Md.
(Town, county, and state)

10. Usual occupation House-Wife

11. Industry or business

FATHER
12. Name Elye F. Beachley
13. Birthplace Downsville Md.

MOTHER
14. Maiden name Harriete S. Heller
15. Birthplace Clearspring Md.

16. Informant Elye C. Beachley
Address Clearspring Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept. 8, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md.

18. Funeral director Edith V. Leaf
Address Williamsport Md.

19. 9-7- 1939 (Data rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5th 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1937 to Sept 5th 1939, and that I last saw her alive on Sept 5th 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	9 yrs.
Due to	
Due to	
Other conditions Chronic Cystitis	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Philip J Hoshman M. D. or other
Address Hagerstown Md Date signed 9/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(46-8)

09325

Reg. Dist. No. 7-306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Smithburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Smithburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charlotte Swope

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Wilford Swope

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): January 15, 1897

8. AGE: Years: 42 | Months: 8 | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER

12. Name: Harvey A. Paden

13. Birthplace: Perry County, Pa.

MOTHER

14. Maiden name: Ida Trovinger

15. Birthplace: Wash. County, Md.

16. Informant: Wilford Swope

Address: Smithburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 30, 1939 (month) (day) (year)

Cemetery or crematory: Garfield Cemetery

Location: Near Smithburg, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md

19. Sept 29 1939 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 28, 1939 -7:05 A. M. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1939, to Sept 28 1939, and that I last saw h[illegible] alive on Sept 28 1939.

Immediate cause of death: Carcinoma of Gall Bladder — DURATION: 6 mos

Due to:

Due to:

Other conditions: Gastro enterostomy, 2 mos ago
(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of Gall Bladder

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: G. G. [illegible] M. D. or other

Address: Smithsburg Date signed: 9/29/39

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09326

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 months

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna County Franklin

City or town Greencastle Pa Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 454 E Baltimore St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME NATALIE E. WINE

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Edgar Wine

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Apr. 16. 1889

8. AGE: Years 50 Months 4 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Home

FATHER 12. Name Albert Rossman

13. Birthplace Germany

MOTHER 14. Maiden name Lillian Huntee

15. Birthplace Balto. Md

16. Informant Edgar Wine

Address 454 E Balto St. Greencastle

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 12 1939 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Greencastle Pa

18. Funeral director A. E. Munich

Address Greencastle Pa

19. 9-11- 1939 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1939, at 9:10 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to Sept. 9, 1939, and that I last saw her alive on Sept. 9, 1939.

Immediate cause of death: Carcinoma of sigmoid — DURATION ?

Due to

Due to

Other conditions: Metastases to retro-peritoneal glands and liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Carcinoma of sigmoid

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Virginia Cro III, Jr. M. D. or other

Address Hagerstown, Md. Date signed 9/9/39.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (210-m)

09327

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 66. yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sharpsburg Pike.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Edna Catherine Wolfe.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widow.
6 (b) Name of husband or wife: Joseph D.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov 12-1876
8. AGE: Years 66 Months 10 Days 19 If less than one day ____ hrs. ____ min.
9. Birthplace: Bakersville Wash Co Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: George W Long
13. Birthplace: Downsville Md
MOTHER 14. Maiden name: Ann Middlekauff
15. Birthplace: Fairplay Md.
16. Informant: Mrs Grover Spreckar.
Address: Hagerstown. Md
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept 24 1939 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown. Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md.
19. 9-22 1939 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1939, at 1:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15, 1939, to Sept. 21, 1939, and that I last saw h____ alive on ____ 19____

Immediate cause of death: Fracture of Inner Condyle of Right Femur with displacement. — DURATION 9-14-39
Due to: Shock and circulatory collapse following operation — 9-20-39
Other conditions:
(Include pregnancy within 3 months of death)
Major findings: Of operations: Fracture could not be reduced without open operation
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Automobile Date of 9-14-39
Where did injury occur? R 2 Hagerstown, Wash. Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: Automobile Injured at work? no

23. SIGNATURE: W. Homer Yeager M. D. or other
Address: Hagerstown, Md Date signed 9-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Yeager.

Authorization to change years birth of deceased see letter filed under Georges in permanent file. 12/8/39.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09328

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Rural- Hagerstown, Md. R D 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wood point Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 31

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural- Hagerstown R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Woodpoint Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Velma M. Worthington

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Famale	White	Married

6 (b) Name of husband or wife: John L. Worthington

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): October 13, 1907

8. AGE: Years: 31 | Months: 11 | Days: 12 | If less than one day: hrs. min.

9. Birthplace: Wilmongton, Deleware
(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER
12. Name: Caleb J. Penn
13. Birthplace: Laurel, Md.

MOTHER
14. Maiden name: Louise Peregoy
15. Birthplace: Towson, Md.

16. Informant: John L. Worthington
Address: Hagerstown, Md. R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 28, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss,

Address: Hagerstown, Md.

19. 9-28-1939 (Date rec'd by registrar) Chas. H. Beaver, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 25, 1939- 10:50P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24 1939, to Sept. 25 1939, and that I last saw him alive on Sept. 25 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Hypertensive vascular disease.	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lloyd A. Huffman M.D.
M. D. or other

Address: 214 N. Potomac St. Date signed: 9/27/39

RECEIVED
OCT 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

09329

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 23 Artizan St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 23 Artizan St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Clifford Young

3. (b) Social Security Number 218-10-9773

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Nellie Forsythe Young

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1917

8. AGE: Years 22 | Months | Days 27 | If less than one day ___ hrs. ___ min.

9. Birthplace Williamsport, Md.
(Town, county, and state)

10. Usual occupation Silk Weaver

11. Industry or business

FATHER
12. Name Clifford Young
13. Birthplace Downsville Md

MOTHER
14. Maiden name Florence Sharer
15. Birthplace Williamsport, Md.

16. Informant Clifford Young (father)
Address 23 Artizan St. Williamsport Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 16, 1939 (month) (day) (year)

Cemetery or crematory Riverview Cem.

Location Williamsport, Md.

18. Funeral director Edith V Leaf
Address Williamsport, Md.

19. Sept 15 1939 Mrs E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1939, to Sept. 14 1939, and that I last saw him alive on Sept 14 1939.

		DURATION
Immediate cause of death	Tuberculous Pneumonia	48 hours
Due to	Pulmonary Tuberculosis	3 years
Due to	Generalized Tuberculosis	2 mo.
Other conditions	Generalized Tuberculosis	2 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph L. Young M.D.
M. D. or other
Address Williamsport, Md. Date signed 9/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09330

(51-C)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 134 So Locust
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 134 So Locust.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Slylvester L. V. Young.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sophia S.
6(c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) Nov - 22 - 1873.

8. AGE: Years 65 | Months 10 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace Reisterstown, Fred Co. Md. (Town, county, and state)
10. Usual occupation Real Estate & Ins. Agt
11. Industry or business —
FATHER 12. Name Daniel Young
13. Birthplace Reisterstown, Md.
MOTHER 14. Maiden name Sarah Smelser.
15. Birthplace Reisterstown, Md.
16. Informant Mrs. S. L. V. Young
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22-1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md
18. Funeral director Andrew K. Coffman
Address Hagerstown, Md
19. 9-21- 1939 (Date rec'd by registrar) Chas. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 3:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June — 1933, to Sept 20 — 1939 — and that I last saw him alive on Sept 16, 1939 —

Immediate cause of death Exhaustion and infected bladder —
Due to Sarcoma of Prostate
Due to with metastases —
Other conditions Removal
(Include pregnancy within 3 months of death)
Major findings:
Dt operations Operated for Sarcoma of prostate — 1933 (Sept) —
Dt autopsy

DURATION: 9-1933 —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 9-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Kr. 1 3/4.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (148)

Reg. Dist. No. 303

09331

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock Md R.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hancock, Md R.F.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annabelle Younker

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Raymond Younker

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov. 11 - 1905

8. AGE: Years 33 | Months 10 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Washington Co. Maryland
(Town, county, and state)

10. Usual occupation Home Work.

11. Industry or business

FATHER
12. Name Jerry L. Hull
13. Birthplace Washington Co.

MOTHER
14. Maiden Name Susan Snyder
15. Birthplace Washington Co.

16 (a) Informant Raymond Younker
(b) Address Hancock, Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Stone Bridge Dunkard

Location Near Hancock Md

18 (a) Funeral director Snyder - Rowland

(b) Address Hancock, Md.

19 (a) 9/12/39 (Date rec'd by registrar) (b) L P Jenkins Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 11 1939, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1939, to Aug 11 1939, and that I last saw him alive on Aug 11 1939.

Immediate cause of death Cardiac Embolism

Due to

Due to

Other conditions Confinement
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F M Shaffer
M. D. or other

Address Hancock Date signed 9/12/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(59)

09332

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 months (adm. 5/24/39)
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 453 W. Antietam St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Bruce Zimmerman

3. (b) Social Security Number: 705-10-5239

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Divorced

6 (b) Name of husband or wife: Grace Zimmerman
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 5, 1880

8. AGE:

Years	Months	Days	If less than one day
59	4	29	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Western Md. R.R. Call Clerk
11. Industry or business:

FATHER
12. Name: Henry S. Zimmerman
13. Birthplace: Balto. Md.

MOTHER
14. Maiden name: Mary E. Zimmerman
15. Birthplace: Balto. Md.

16. Informant: Charles W. Haud
Address: 3123 W. North Ave. Balto.

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 7, 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Randallstown, Md.

18. Funeral director:
Address:

19. Sept 4 1939 (Date rec'd by registrar) Registrar: Chas. H. Beaver

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4 1939, at 11.10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1938 to Sept. 4 1939, and that I last saw him alive on Sept. 4 1939.

	DURATION
Immediate cause of death: Uremic coma	12 hours
(Chronic uremia for past 3 mo.)	
Due to: Chronic glomerulo-nephritis	10 years (?)
Due to:	
Other conditions: Diabetes mellitus	10 years (?)

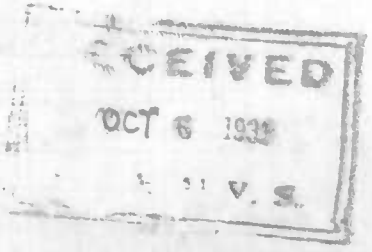
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Chr. glomerulo nephritis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John N. Stonebraker M.D.
Address: 158 W. Washington St. Hagerstown, Md. M. D. or other
Date signed: 9-4-39


CEIVED
OCT 6 1933
V. S.